

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS'	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	MA	830	05.05.01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1 0 4	0 3 0 4	51		101	
1 1 2	0 3 0 4	52		102	
1 2 0	=	53		103	
1 3 0	=	54		104	
1 4 0		55		105	
1 5 0		56		106	
1 6 0		57		107	
1 7 0		58		108	
1 8 0		59		109	
1 9 0		60		110	
1 10 0		61		111	
1 11 0		62		112	
1 12 0		63		113	
1 13 0		64		114	
1 14 0		65		115	
1 15 0		66		116	
1 16 0		67		117	
1 17 0		68		118	
1 18 0		69		119	
1 19 0		70		120	
1 20 0		71		121	
21		72		122	
22		73		123	
23		74		124	
24		75		125	
25		76		126	
26		77		127	
27		78		128	
28		79		129	
29		80		130	
30		81		131	
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33		84		134	
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35		86		136	
36		87		137	
37		88		138	
38		89		139	
39		90		140	
40		91		141	
41		92		142	
42		93		143	
43		94		144	
44		95		145	
45		96		146	
46		97		147	
47		98		148	
48		99		149	
49		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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